

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:

0 2 - 1 7

2. STATE

MO

3. PROGRAM IDENTIFICATION: TITLE XIX OF
THE SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

July 1, 2002

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.2.10

7. FEDERAL BUDGET IMPACT:

a. FFY _____ \$ _____
b. FFY _____ \$ _____

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

3.1-A, page 12, Section 6.b
3.1-A, page 15, Section 10
3.1-A, page 16, Section 12.b
3.1-A, page 17, Section 12.d

9. PAGE NUMBER OF THE SUPERSEDES PLAN SECTION
OR ATTACHMENT (If Applicable):

Missouri (02-17)
Approved: 08/15/02
Effective: 07/01/02

10. SUBJECT OF AMENDMENT:

Eliminates optional dental coverage for adults, except for dentures, effective July 1, 2002, and eliminates coverage of eyeglasses for adults, except following cataract surgery, effective July 1, 2002.

11. GOVERNOR'S REVIEW (Check One)

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPE NAME:

Dana Katherine Martin

14. TITLE:

Director

15. DATE SUBMITTED:

6/26/02

16. RETURN TO:

Division of Medical Services
615 Howerton Court
P.O. Box 6500
Jefferson City, MO 65102-6500

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

06/27/02

18. DATE APPROVED:

AUG 15 2002

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

07/01/02

20. SIGNATURE OF REGIONAL OFFICIAL:

Carol Bous for
ARA for Medicaid & State Operations

21. TYPED NAME:

Thomas W. Lenz

22. TITLE:

ARA for Medicaid & State Operations

23. REMARKS:

SPA CONTROL
Date Submitted: 06/26/02
Date Received: 06/27/02

State Missouri

6.b. Optometrists' Services

Eye Examinations

Either one limited or one comprehensive eye examination is allowed per recipient per calendar year. If additional examinations are required during the year for cataract examinations or for prescription changes of 0.50 diopters or greater, a Medical Necessity Form must be completed and attached to the claim for payment.

Eyeglasses

Eyeglasses are covered for children (Medicaid recipients under age 21). One pair of glasses is covered for adults 21 and over following cataract surgery.

Supportive documentation of medical necessity is required for the repair of frames or replacement of parts of frames. Replacement of lenses covered within 24-months of Medicaid eyeglasses only when supported by Medical Necessity and prescription for change of 0.50 diopters for at least one eye.

6.d. Nurse Practitioner/Clinical Nurse Specialist Services

Advance Practice Nurse services are limited to those services provided by properly licensed and certified nurse practitioners and clinical nurse specialists practicing within the scope of state law.

A certified nurse practitioner must be a registered nurse and hold current certification in the area of nursing speciality practice by the national certifying body of -

- The Organization for Obstetric, Gynecologic and Neonatal Nurse (NAACOG) Certification Corporation as an obstetrician/gynecologist (OB/GYN) nurse practitioner or neonatal nurse practitioner;
- The American Nurses Association as a family nurse practitioner, or adult nurse practitioner, or gerontological nurse practitioner, or
- The National Certification Board of Pediatric Nurse Practitioners and Nurses as pediatric nurse practitioner.

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Supersedes TN# 93-49 Approval Date AUG 15 2002

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10. Dental Services

Dental services are covered for children (Medicaid recipients under age 21). Orthodontic treatment for children is covered, when medically necessary and prior authorized by the Division of Medical Services.

Dental services for adults (Medicaid recipients age 21 and over) are limited to the treatment of trauma to the mouth or teeth as a result of injury, and dentures.

11.a.,b.,c. Physical Therapy and Related Services

Physical therapy, occupational therapy, and speech, language or hearing pathology or disorders are not provided and reimbursed as separate, independent practitioner services.

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12.b. Dentures

All dentures, including full and partial, immediate or replacement, require Prior Authorization be secured before the service is provided.

Replacement dentures will be approved in cases where the dentures no longer fit properly due to significant weight loss as a result of illness or a loss of bone or tissue due to some form of neoplasm and/or surgical procedure. Dentures will also be approved when the dentures no longer fit or function properly due to normal wear and/or deterioration resulting from use over an extended period of time.

12.c. Prosthetic Devices

Prosthetic and orthotic devices, non-sterile ostomy supplies, oxygen, respiratory equipment, wheelchairs, hospital beds, Home Parenteral Nutrition and related supplies, and medically necessary items of miscellaneous durable medical equipment are covered and provided through the Missouri Medicaid Durable Medical Equipment Program.

Prior authorization is required for certain orthotic and prosthetic devices, as well as the purchase and/or rental of all HPN services, electric wheelchairs, custom wheelchairs, electric hospital beds and back-up ventilators.

An Oxygen and Respiratory Equipment Medical Justification (OREM) form is required for the purchase and/or rental of most oxygen and respiratory equipment services.

A Medical Necessity form is required for the majority of orthotic and prosthetic devices. The form is also required for all wheelchairs other than electric or custom, manual hospital beds, and miscellaneous items of durable medical equipment such as walkers, crutches and commodes.

Hearing aids and related services are covered through the Hearing Aid Program. Prior to the dispensing of an aid, all recipients are required to have a medical ear examination for pathology or disease by a physician to determine if the recipient is a candidate for an aid. Hearing aids and related testing procedures are limited to one series every four (4) years. However, exceptions may be made if prior authorized for the following:

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12.d. Eyeglasses

Eyeglasses can be dispensed by physicians, optometrists, or opticians. Eyeglasses are covered only for children (Medicaid recipients under age 21). One pair of eyeglasses is covered for adults 21 years or older following cataract surgery.

Supportive documentation of medical necessity is required for the repair of frames or replacement of parts of frames. Replacement of lenses covered within 24 months of Medicaid eyeglasses only when supported by Medical Necessity and prescription for change of 0.50 diopters for at least one eye.

13.d. Rehabilitative Services

Physical therapy and related services are covered services under the Missouri Medicaid Rehabilitation Program but are limited to the adaptive training of recipients receiving prosthetic/orthotic devices (artificial arms, artificial legs, artificial larynx, orthotics). These same services are also covered under the Home Health Program. (See item 7.d.)

The physical therapy services are restricted to:

1. stump conditioning, wrapping, and exercising
2. gait training or training in the use of a prosthesis or orthotic appliance for an extremity.

Occupational therapy is restricted to patient adjustment to the loss of a limb or use of a prosthesis or orthotic appliance for an extremity.

Speech therapy is restricted to a patient with loss of the larynx.

Community Psychiatric Rehabilitation Services:

Intake/annual evaluation, psychosocial rehabilitation, crisis intervention, community support, intensive community support, medication administration and medication services are covered for recipients under the Missouri Medicaid Community Psychiatric Rehabilitation Services Program. Services are designed to maintain seriously mentally ill recipients within the community at a level of care less restrictive than an inpatient psychiatric hospital or nursing facility.

These services are restricted to recipients who, through a medical evaluative and assessment process are found to be seriously and persistently mentally ill. Continuation of provision of services is conditional upon periodic review by a medical/clinical review team and physician recertification of the individual's treatment plan.

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